

PART B - FEE(S) TRANSMITTAL

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or <u>Fax</u> (571) 273-2885

INSTRUCTIONS: This for appropriate. All further con indicated unless corrected t maintenance fee notification	m should be used for trans respondence including the P selow or directed otherwise is.	mitting the ISSUE FEB and latent, advance orders and noti in Block I, by (a) specifying	PUBLICATION FEE (if requirements of maintenance fees value new correspondence address)	ired). Blocks 1 through 5 st vill be mailed to the current ; and/or (b) indicating a sepa	nould be completed where correspondence address as trate "FEE ADDRESS" for	
CURRENT CORRESPONDENCE ADDRESS (Note: Uso Block I for any change of address)			Note: A certificate of Fec(s) Transmittal. The papers. Each additions	Note: A certificate of mailing can only be used for domestic mailings of the Pec(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.		
4 9 455 75	90 09/16/2005		have its own certificat	e of mailing or transmission.		
STEIN, MCEWE 1400 EYE STREE' SUITE 300 WASHINGTON, I	r, nw		Cer I hereby certify that the States Postal Service, addressed to the Mai transmitted to the USF	Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.		
WASHINGTON, E	JC 20003				(Depositor's name)	
					(Signature)	
					(Date)	
APPLICATION NO.	FILING DATE	FIRST NAME	D INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
09/556,620	04/21/2000	Kyung-g	geun Lee.	1293.1115/MDS	6772	
TITLE OF INVENTION: C AREA WITHIN THE MED		DIUM ON WHICH DATA M	AY BE STORED SEAMLESS	SLY AND METHOD FOR P	ROCESSING DEFECTIVE	
APPLN, TYPE	SMALL ENTITY	issue fee	PUBLICATION FEE	TOTAL PEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1400	\$0	\$1400	12/16/2005	
EXAN	INER	ART UNIT	CLASS-SUBCLASS			
HUBER,	PAUL W	2653	369-275300			
CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON			2. For printing on the patient front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.			
		E PRINTED ON THE PATEN slow, no assignee data will app of this form is NOT a substitute		nec is identified below the	tocument has been filed for 000056 09556620	
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY):01					1400.00 0	
Samsung Electronics Co., Ltd. Suwon-si, Republic of Korea						
		ries (will not be printed on the		Corporation or other private gr	roup entity Government	
4a. The following fee(s) are enclosed: 4b. Payment o			* *		•	
			▲ A check in the amount of the fee(s) is enclosed. Payment by credit eard. Form PTO-2038 is attached.			
Publication Fcc (No small entity discount permitted) Advance Order - # of Copies			The Director is hereby authorized by charge the required fec(s), or credit any overpayment, to Deposit Account Number 503333 (enclose an extra copy of this form).			
5. Change in Entity Status	(from status indicated above			Januara mi mine.		
a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.						
The Director of the USPTO NOTE: The Issue Fee and I interest as shown by the rec	is requested to apply the Iss Publication Fee (if required) cords of the United States Pat	ue Fee and Publication Fee (if a will not be accepted from anyon ont and Trademark Office.	ny) or to re-apply any previous se other than the applicant; a reg	sly paid issue fee to the applic gistered attorney or agent; or	ation identified above. the assignee or other party in	
Authorized Signature			Date	11/29/05		
Typed or printed name Howard I. Levy			Registration No. 55,378			
This collection of informati an application. Confidentia submitting the completed a this form and/or suggestion Box 1450, Alexandria, Vir Alexandria, Virginia 22313	-1750	111. The information is required. 122 and 37 CFR 1.14. This cc O. Time will vary depending thould be sent to the Chief InforsEND FBES OR COMPLETE.				